9. Residence (Usual place of abolts) throw  11. Age at last birthday  12. Birthplace (city or place)  13. Occupation  Nature of industry  14. Occupation  Nature of industry  15. Born alive and now living  (Caken as of time of birth of child herein certified and including this child.)  16. Born alive and now living  17. Age at last birthday 2 (Years)  18. Birthplace (city or place)  19. Occupation  Nature of industry  19. Occupation  Nature of industry  20. Number of children of this mother.  (a) Born alive and now living  (c) Stillborn.  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF:  (When there was no attending physiciden or midwife, then the father, householden or midwife, then the father, householden or midwife, then the father householden or midwife that neither breathers nor shows other evidence of life after birth.  Given name added from a supplemental report.  Month, day, year		State
Second   S	District or Township  City City	or Village
Second   S	City Christina	7. 1.1100
Solution	on the control of the	No
Solution	g 2. Full name of child Parkets	Christie Williams [If child is not yet named, make
9. Rekitence (Usual place di abotic)  10. Color or rate  11. Age at last birthday  12. Birthplace (city or place)  13. Occupation  14. Signed and state  15. Residence (Usual place of abotic)  16. Color or rate  17. Age at last birthday  18. Birthplace (city or place)  18. Birthplace (city or place)  19. Occupation  Nature of industry  10. Occupation  Nature of industry  10. Occupation  Nature of industry  11. Age at last birthday  12. Birthplace (city or place)  13. Occupation  Nature of industry  14. Born alive and now living  (Taken as of time of birth of child herein  (Ca) Born alive and now living  (Ca) Born alive but now dead  (Ca) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE?  4. When there was no attending physician  or midwife, then the father, householder, cit., should make this return. A stillborn child is one that neither breather nor shows other evidence of life after birth.  Given name added from  a supplemental report.  Month, day, year	3. Sex of Child To be answered ONL in event of plural births.	5. No., in order of birth 6. Legitimate? 7. Date of birth 1926
9. Residence (Usual place of abode) have fully place and state.  15. Residence (Usual place of abode) have fully place and state.  16. Color or rate  11. Age at last birthday 3 (Years)  12. Birthplace (city or place) fully		MOTHER 14.
11. Age at last birthday (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  14. Name of children of this mother  (Caken as of time of birth of child herein  (Caken as of time of birth of child herein  (Caken as of time of birth of child herein  (Caken as of time of birth of child herein  (Caken as of time of birth of child herein  (Caken as of time of birth of child herein  (Caken as of time of birth of child herein  (Caken as of time of birth of this child,)  (Caken as of time of birth of this c		15 Residence (Usual place of abode Christina)
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